



State of South L
Statement of Financial Interest
Candidate for Public Office

RECEIVED

MAY 27 2008

File statement in the office where your nominating petition or convention nomination certification was filed.
S.D. SEC. OF STATE

Please read information on reverse side before completing this form.

1. Name Franklin Nelson de Padilla
2. Address 710 West Cherry St.
3. Office Sought District ONE House of Reps
4. What is your occupation/profession? Sanitation

5. List any enterprise which accounted for more than ten percent of, or contributed more than \$2,000 to, your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. Identify who receives the income from each enterprise.

None Ø

What is the nature of your immediate family's association with each? The value of the financial interest need not be reported.

N/A

6. List any enterprise in which you, your spouse or minor children living at home control more than ten percent of the capital or stock. Identify who has the ownership interest in each enterprise.

N/A
None

What is the nature of your immediate family's association with each?

None 4th
N/A 27 day of
Filed this May 27
Chris Nelson
SECRETARY OF STATE

State of South Dakota }
County of Roberts } SS.

Verification

I have reviewed paragraphs 1 through 6 of the Information Regarding Statement of Financial Interest (attached), my Statement of Financial Interest and certify that the information reported is a complete, true and accurate representation of my financial interests for the preceding calendar year.

Sworn to before me this 9th day of May, 2008
(Seal)
Revised 1997
(Signed) Franklin Nelson de Padilla
Gregory Ellingson
Office Administering Oath
My commission expires: 5-28-2011

Section 3

If any organization contributes more than ten thousand dollars in the aggregate to a ballot question committee and is comprised of twenty or fewer members or shareholders, the organization must submit with the contribution the name and address of each shareholder or member who owns ten percent or more of the organization.

Name of Shareholder or Member	Street Address

Date: _____ Signature: _____

State law requires you to submit this information to the treasurer of the committee you are making the contribution to.